

# Request for Applications

RFA # A-269



## **Innovative Approaches: Improving Systems of Care for Children and Youth with Special Health Care Needs**

**FUNDING AGENCY:** North Carolina Department of Health and Human Services, Division of Public Health  
Women's and Children's Health Section  
Children and Youth Branch

**ISSUE DATE:** February 7, 2013

**DEADLINE DATE:** March 8, 2013

### **INQUIRIES and DELIVERY INFORMATION:**

Direct all inquiries concerning this RFA for Local Health Department (LHD) Agreement Addenda to:  
Michael Sanderson  
Michael.Sanderson@dhhs.nc.gov  
Phone: 919-707-5620

**Applications will be received until 5PM on March 8, 2013.**

Electronic copies of the application are available by request.

Send all applications directly to the funding agency address shown below.

### **Mailing Address:**

*Michael Sanderson, Best Practices Unit Manager  
Children and Youth Branch  
Women's and Children's Health Section  
NC Division of Public Health  
1928 Mail Service Center  
Raleigh, NC 27699-1928*

### **Street/ Hand Delivery Address:**

*Michael Sanderson, Best Practices Unit Manager  
Children and Youth Branch  
Women's and Children's Health Section  
NC Division of Public Health  
5601 Six Forks Road  
Raleigh, NC 27609-3811*

**Email Address:** Michael.Sanderson@dhhs.nc.gov

**IMPORTANT NOTE:** Indicate Local Health Department (LHD) name and RFA number on the front of each application envelope or package, along with the RFA deadline date.

## **RFA Table of Contents**

I.	INTRODUCTION -----	4
II.	BACKGROUND-----	5
III.	SCOPE OF SERVICES -----	6
IV.	GENERAL INFORMATION ON SUBMITTING APPLICATIONS -----	8
	1. Award or Rejection -----	8
	2. Decline to Offer -----	8
	3. Cost of Application Preparation -----	8
	4. Elaborate Applications -----	8
	5. Oral Explanations -----	8
	6. Reference to Other Data -----	8
	7. Titles -----	8
	8. Form of Application -----	8
	9. Exceptions -----	8
	10. Advertising -----	8
	11. Right to Submitted Material -----	9
	12. Competitive Offer -----	9
	13. Local Health Department's Representative -----	9
	14. Subcontracting -----	9
	15. Proprietary Information -----	9
	16. Participation Encouraged -----	9
	17. Agreement Addendum -----	9
V.	APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW -----	10
	1. Announcement of the Request for Applications (RFA) -----	10
	2. Distribution of the RFA -----	10
	3. Question & Answer Period -----	10
	4. Notice of Intent -----	10
	5. Applications -----	10
	6. Original Application -----	10
	7. Copies of Application -----	10
	8. Format -----	11
	9. Space Allowance -----	11
	10. Application Deadline -----	11
	11. Receipt of Applications -----	11
	12. Review of Applications -----	11
	13. Request for Additional Information -----	11
	14. Audit -----	11
	15. Assurances -----	11
	16. Additional Documentation to Include with Application -----	11
	17. Application Process Summary Dates -----	12
VI.	EVALUATION CRITERIA -----	13
VII.	APPLICATION -----	14
	Application Checklist -----	14
	1. Cover Letter -----	15
	2. Application Face Sheet -----	16
	3. Applicant's Response -----	17
	4. Letters of Commitment -----	19
	5. Documentation of Tax Identification Number -----	20

6. Budget .....	21
Appendix I.....	22
Appendix II.....	24

## **I. INTRODUCTION**

The Children and Youth Branch in the Women's and Children's Health Section of the Division of Public Health (DPH) develops, implements, promotes and monitors programs and services that are consistent with Federal Title V Maternal and Child Health Bureau's goals to protect and enhance the health and well being of children and their families. There is a strong emphasis on Children and Youth with Special Health Care Needs (CYSHCN).

The purpose of the Innovative Approaches (IA) initiative is to thoroughly examine and foster improvement for community-wide systems of care that will effectively meet the needs of families of children and youth with special health care needs, resulting in increased family satisfaction with services received and improved outcomes for children and youth with special health care needs. The Children and Youth Branch is seeking approximately eight local health departments that are interested in assembling families of CYSHCN along with providers and community agencies to conduct an in-depth assessment of the local system of care for CYSHCN and develop a community action plan. Any local health department is eligible to apply. Consideration will be given to applications involving one or more counties.

DPH is looking for applications with a clearly written operational plan to organize and maintain a steering committee to collect data, identify systems issues, and develop a clear and actionable plan to address the identified system changes. Your Innovative Approaches action plan will be implemented in years 2 and 3. Action plans will have clearly written objectives and activities to change policies, procedures or practices that improve the system of care for CYSHCN. The system change activities outlined in the action plan must be the result of needs identified by families of CYSHCN in the community and result in a long standing change in the system of care.

DPH is seeking applicants with a history of commitment to serving children and youth with special health care needs and a sufficient track record to indicate a good chance of success. The proposed Innovative Approaches Initiative shall include all partners necessary to assure access to a full range of services including prevention, primary, specialty physician services, inpatient and outpatient hospital care, local public health programs and services to include non-medical support services, pharmacy, behavioral health, foster care, home health and other care providers as needed. The steering committee must be able to identify system gaps and plan for a system that will provide coordinated family-centered services that include preventive, acute, basic procedures, support services, referral, follow-up and ongoing care for chronic conditions.

## II. BACKGROUND

The Federal Maternal and Child Health Bureau (MCHB) defines Children and Youth with Special Health Care Needs (CYSHCN) as “children who have or are at risk for chronic physical, developmental, behavioral or emotional conditions and who also require health and related services of a type or amount beyond that required by children generally.” CYSHCN have conditions that are expected to last more than 12 months, are often diagnosed with more than one condition, and frequently experience several functional difficulties, including respiratory problems, learning or behavior problems, difficulty with gross or fine motor skills, or chronic pain. Parents with CYSHCN experience a complex system of uncoordinated services. The aim of the Innovative Approaches (IA) initiative is to thoroughly examine and foster improvement for community-wide systems of care that will effectively meet the needs of families of children and youth with special health care needs, resulting in increased family satisfaction with services received and improved outcomes for children and youth with special health care needs. The goals of IA are based on five specific national Maternal and Child Health Bureau performance measures and can be found in Appendix II.

Innovative Approaches uses a systems change approach rather than a program based approach to address community improvements for families of CYSHCN. Systems change is the core of Innovative Approaches.

"Systems change" is a shift in the way that a community makes decisions about policies, programs, and the allocation of its resources, usually through regulations, procedures, and protocols set down in formal written documents, and ultimately, in the way it delivers services to its citizens. To undertake systems change, a community must build collaborative bridges among multiple agencies, community members, and other stakeholders.

We usually think of policy as laws, regulations, procedures, and protocols set down in formal written documents. But policy may also be unwritten and informal — embedded in the culture of agencies and organizations as the way people commonly assume things "ought to" be done, or simply the way that people are accustomed to doing things.

To bring about community change, it's essential to conduct a comprehensive analysis to identify all the policies, both formal and informal, that impact how services are provided, and then to revise those that pose barriers to the system of care for CYSHCN, or to create new more supportive policies. In some cases, policies may contradict one another, creating dynamics that make it harder for decision-makers to move forward.

To overcome this fragmentation, decision-makers need to look at the total service-delivery system, identifying gaps, duplication, and overlaps in services. Working from this information, they can set up mechanisms to facilitate inter-agency communication and coordination — such as wrap-around services, joint decision making, unified assessment and intake processes, and shared information systems — all to help ensure that families of CYSHCN encounter a seamless path through the services they need.

(Adapted from the Comprehensive Community Initiative,  
[http://www.ccitoolsforfeds.org/systems\\_change.asp](http://www.ccitoolsforfeds.org/systems_change.asp))

### **III. SCOPE OF SERVICES**

#### ***Input***

- Funding will begin June 1, 2013 and end May 31, 2016. Providing a three-year project period.
- Funding, depending on the number of projects selected, up to eight (8) grant awards of no more than \$125,000 each will be made through an application review process. Funding is contingent on funding availability.
- Local health departments must create and maintain a steering committee representative of the community and identify dedicated staff to the project, as well as collect and analyze qualitative and quantitative data from families and providers.

#### ***Outputs***

1. Recruit, convene, and coordinate an Innovative Approach (IA) steering committee of at least 10 individuals serving children and youth with special health care needs and families. Members should include:

- Two, or more, family members of CYSHCN
- Local Health Department Director
- Community Care of North Carolina (CCNC) Director
- Social service agency representatives (child protective services and/or foster care)
- Smart Start staff
- Mental health agency representative
- Two school system representatives (Exceptional Children and School Nurse)
- Local health care providers
- Representatives from other community agencies involved in your targeted systems changes

Steering Committee leadership should consist of three co-chairs (one parent, the health director, and the CCNC network director) to lead the committee in the creation and implementation of the systems change action plan.

2. Hire a full time, qualified staff person to coordinate the development of IA needs assessment and plan. The Children and Youth Branch will be involved in the hiring of all project staff – developing job descriptions, hiring, and selection.
3. Coordinate formal mechanisms to receive input from parents of CYSHCN regularly. Family surveys and focus groups should occur at a minimum of two times per year.
4. Develop a comprehensive needs assessment.
5. Develop and maintain an annual action plan.
6. Manage all financial aspects of the IA, including meeting expenses, expert faculty, participant reimbursements, and subcontracts. The Children and Youth Branch will approve all subcontracts.
7. Assure IA steering committee member attendance at all planning and professional development trainings coordinated by the Division of Public Health.
8. Consult with Children and Youth Branch staff to ensure all necessary services are provided with attention to detail and meet Branch requirements.
9. Provide written reports as requested by the Children and Youth Branch.

### *Outcomes*

- Process measures will include the number of families, providers, and agencies involved in Innovative Approaches, number of qualitative data collection events, the number of internal IA meetings held, the number of external meetings attended, the number of professional development programs held and participants trained, the number of community interventions.
- Outcome measures will include the number of policy, procedure, or practice changes, as evidenced by written documents.
- Impact measures will include changes in the five IA goals (MCHB performance measures) as reported by families of CYSHCN in your community. Specifically, these changes in process and outcome measures will impact increases in\*:
  - CYSHCN whose families are partners in shared decision-making for child's optimal health. NC Baseline 74.6%
  - CYSHCN who receive coordinated, ongoing, comprehensive care within a medical home. NC Baseline 45.1%
  - CYSHCN who are screened early and continuously for special health care needs. NC Baseline 78.7%
  - CYSHCN who can easily access community based services. NC Baseline 70.3%
  - Youth with special health care needs who receive the services necessary to make appropriate transitions to adult health care, work, and independence. NC Baseline 43.7%

\*The National Survey of Children and Youth with Special Health Care Needs (CYSHCN) conducts a telephone survey of families with CYSHCN. The survey provides data to track improvement in programs and services available to families with CYSHCN. Baseline data is from the 2009/10 survey. The survey will be conducted again in 2014. Through local policy procedure and programs changes, an increase is hopefully seen in all of these indicators.

### *Service Quality*

- Work must be **family driven** as evidenced by CYSHCN family involvement in the IA steering committee and subcommittees, as well as family participation in focus group(s) and survey data.
- Work must be provided in a culturally appropriate manner.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

**1. Award or Rejection**

All qualified applications will be evaluated and award made to the Local Health Department (LHD) whose combination of budget and service capabilities are deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful LHDs will be notified by April 1, 2013.

**2. Decline to Offer**

Any LHD that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency.

**3. Cost of Application Preparation**

Any cost incurred by a LHD in preparing or submitting an application is the LHD's sole responsibility; the funding agency will not reimburse any LHD for any pre-award costs incurred.

**4. Elaborate Applications**

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

**5. Oral Explanations**

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

**6. Reference to Other Data**

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

**7. Titles**

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

**8. Form of Application**

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Agreement Addendum.

**9. Exceptions**

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any LHD may be grounds for rejection of that LHD's application. Funded LHDs specifically agree to the conditions set forth in the Agreement Addendum.

**10. Advertising**

In submitting its application, LHDs agree not to use the results thereof or as part of any news release or commercial advertising without prior written approval of the funding agency.

**11. Right to Submitted Material**

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the LHD will become the property of the funding agency when received.

**12. Competitive Offer**

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

**13. Local Health Department's Representative**

Each LHD shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the LHD and answer questions or provide clarification concerning the application.

**14. Subcontracting**

Local Health Departments may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the LHD is also required for each proposed subcontractor. All subcontracts, including "mini-grants", must be preapproved by the Children and Youth Branch.

**15. Proprietary Information**

Trade secrets or similar proprietary data which the LHD does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

**16. Participation Encouraged**

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by subcontractors owned by minorities, women and the disabled.

**17. Agreement Addendum**

The Division will issue the agreement addendum to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed agreement addendum but not before the contract effective date.

## **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

The following is a general description of the process by which Local Health Departments will be selected for funding for this project.

### **1. Announcement of the Request for Applications (RFA)**

The announcement of the RFA and instructions for receiving the RFA are being sent to prospective LHDs via the “phleaders” listserv email by February 7, 2012.

### **2. Distribution of the RFA**

RFAs will be sent via the “phleaders” listserv email to interested LHDs beginning February 7, 2013, and will be posted at the following website:

<http://ncdhhs.gov/dph/wch/aboutus/childreneyouth.htm>.

### **3. Question & Answer Period**

Written email questions concerning the specifications in this Request for Applications will be received until February 21, 2013. As an addendum to this RFA, a summary of all questions and answers will be emailed, by February 25, 2013 to all LHDs sent a copy of this Request for Applications.

### **4. Notice of Intent**

Any local health department that plans to submit an application shall submit a Notice of Intent no later than 5pm on February 14, 2013 to Michael.sanderson@dhhs.nc.gov.

Please include the following information in the Notice of Intent:

- The legal name of the agency.
- The name, title, phone number, mailing address, and email address of the person who will coordinate the application submission.

### **5. Applications**

Applicants shall submit one (1) signed original that shall include the required attachments. In addition, applicant organizations shall e-mail a copy of the application and all attachments to Michael.Sanderson@dhhs.nc.gov. MicroSoft Word and PDF files will be accepted. Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.

### **6. Original Application**

The original application must contain original documents, and all signatures in the original application must be original. Mechanical, copied, or stamped signatures are not acceptable. The original application should be clearly marked “original” on the application face sheet.

### **7. Copies of Application**

Along with the original application, submit an electronic copy of the application in its entirety. Electronic copies of the application should be clearly marked “copy” on the application face sheet.

**8. Format**

The application must be typed, single-side on 8.5" x 11" paper with margins of 1". Line spacing should be single-spaced. The font should be easy to read and no smaller than a 12-point font.

**9. Space Allowance**

Page limits are clearly marked in each section of the application. Refer to *VII.3 Application's Response* for specifics.

**10. Application Deadline**

All applications must be received by the date and time on the cover sheet of this RFA. Faxed applications will not be accepted in lieu of the electronic submission.

**11. Receipt of Applications**

Applications from each responding LHD will be logged into the system and stamped with the date received on the cover sheet.

**12. Review of Applications**

Applications are reviewed by a multi-disciplinary committee of DPH staff who are familiar with the subject matter. Staff from LHDs may not participate as reviewers.

Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the LHD's staff, cost, etc. The award of a grant to one LHD does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State. Local Health Departments are cautioned that this is a request for applications, and the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.

**13. Request for Additional Information**

At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, LHDs are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the LHD.

**14. Audit**

Please be advised that applicants may be required to have an audit in accordance with The Single Audit Act of 1984 as implemented by OMB Circular A-133.

**15. Assurances**

The agreement addendum may include assurances that the successful applicant would be required to execute prior to receiving an agreement addendum as well as when signing the agreement addendum.

**16. Additional Documentation to Include with Application**

All applicants are required to include documentation of their tax identification number.

## **17. Application Process Summary Dates**

### **February 7, 2013: Issue date**

February 14, 2013: Letter of Intent (LOI) due

February 21, 2013: Questions received through email

February 25, 2013: Questions and answers sent to all LOI

### **March 8, 2013: Applications due**

March 8-15, 2013: Applications reviewed

April 1, 2013: Notification of award

June 1, 2013: Agreement Addenda executed/project begins

## **VI. EVALUATION CRITERIA**

### **SCORING OF APPLICATIONS**

Applications shall be scored based on the responses to the five application content areas. The highest total score is 100 points. Each content area shall be scored based on the scale below:

<b>POOR</b>	Applicant only marginally addressed the application area.
<b>AVERAGE</b>	Applicant adequately addressed the application area.
<b>GOOD</b>	Applicant did a thorough job of addressing the application area.
<b>EXCELLENT</b>	Applicant provided a superior response to the application area.

See pages 16-17 for additional information on scoring for each of these content areas.

<b>Scoring</b>		<b>Points</b>
Section A	Needs Assessment	Excellent 15 points Good 11-14 points Average 5-10 points Poor 1-4 points
Section B	Existing Systems Profile	Excellent 15 points Good 11-14 points Average 5-10 points Poor 1-4 points
Section C	Capacity	Excellent 16-20 points Good 11-15 points Average 6-10 points Poor 1-5 points
Section D	Project Planning and Implementation Description	Excellent 31-40 points Good 21-30 points Average 11-20 points Poor 1-10 points
Section E	Sustainability	Excellent 9-10 points Good 6-8 points Average 4-5 points Poor 1-3 points

## **VII. APPLICATION**

### **Application Checklist**

The following items must be included in the application. Please use a binder clip at the top left corner on each copy of the application and assemble the application in the following order:

— **Cover Letter** (item 1)

The application must include a cover letter, on LHD letterhead, signed and dated by an individual authorized to legally bind the LHD.

**The cover letter must include a statement of assurance that the local health department can accept funds into its budget during the initial funding period of June 1, 2013 – May 31, 2014.**

*Note: Without this assurance, the application will be invalid.*

— **Application Face Sheet** (item 2)

— **Applicant's Response/Form** (item 3)

— **Letters of Commitment or Statements of Support** (item 4)

— **Documentation of Tax Identification Number** (item 5)

— **Applicant's Budget and Justification** (item 6)

**1. Cover Letter**

The application must include a cover letter, on agency letterhead, signed and dated by an individual authorized to legally bind the Applicant.

Include in the cover letter:

- the legal name of the Applicant agency
- the RFA number
- the Applicant agency's federal tax identification number
- the Applicant agency's DUNS number
- the closing date for applications.

## 2. Application Face Sheet

This form provides basic information about the LHD and the proposed project with C&Y Branch Triple P Project, including the signature of the individual authorized to sign “official documents” for the LHD. This form is the application’s cover page. Signature affirms that the facts contained in the applicant’s response to RFA #A-269 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code+4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Agreement Addendum Administrator: Name:  Title:	Telephone Number:  Fax Number:  Email Address
7. Agency Status:  <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency’s URL (website):	
11. Agency’s Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant’s state and/or federal expenditures exceed \$500,000 for applicant’s current fiscal year (excluding amount requested in #12)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of an agreement addendum. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Typed Name of Health Director:	17. Date

### 3. **Applicant's Response:**

Create a five section narrative based on the information and guidance provided below.

#### **A. Needs Assessment:**

Please describe the needs and the problems families with CYSHCN in your community, how the county currently addresses and/or fails to address community systems issues to ensure the health and well-being of CYSHCN, and what types of system changes are needed. Provide information on procedures you will use to do an in-depth analysis of systems issues for CYSHCN and their families.

*Note: 15 points. Maximum two (2) pages, single spaced, 1 inch margins and Times Roman 12 font  
Score distribution: Excellent 15 points, Good 11-14 points, Average 5-10 points, Poor 1-4 points.*

#### **B. Existing systems profile:**

Please describe the types and numbers of child serving organizations in your service area and the relationship between the organizations. In particular, be sure to describe your partnership/collaboration with the CCNC network and the network providers. In addition to child health organizations, include schools, social service, mental health, other child serving entities and pertinent resources.

*Note: 15 points. Maximum two (2) pages, single spaced, 1 inch margins and Times Roman 12 font  
Score distribution: Excellent 15 points, Good 11-14 points, Average 5-10 points, Poor 1-4 points.*

#### **C. Capacity and Readiness:**

Please list key partners and describe the services they provide for CYSHCN and their role in this initiative. Describe your agency's experience and readiness in assembling an effective community coalition. Describe your agency's experience in gathering qualitative community data. Describe your agency's training and experience in the systems approach to community change and provide an example of a possible system change. Describe your agency's experience in working with families of CYSHCN. Describe how you will recruit families to participate in your IA steering committee and to participate in any needs assessment activities.

*Note: 20 points. Maximum three (3) pages, single spaced, 1 inch margins and Times Roman 12 font. All support letters will be considered attachments and not part of the 2 page limit.  
Score distribution: Excellent 16-20 points, Good 11-15 points, Average 6-10 points, Poor 1-5 points.*

#### **D. Planning and Implementation:**

**Planning** - Describe your proposed IA steering committee and its operational structure. List your proposed members and describe what role they will have. Describe the committee leadership structure and how you will move from discussion to action. Discuss the process the committee will use to collect data and assess the current system of care. Discuss how you plan to orient your committee on the systems change approach rather than a program based approach to addressing community health issues. Describe how the committee will identify and analyze root cause issues and prioritize identified system problems. Discuss the process your committee will use to develop an action plan addressing identified system problems. Discuss how you will leverage community resources to implement the action plan. Describe how you will maintain genuine and meaningful family leadership, participation, and input in your planning process.

**Implementing** – It is expected that your committee will begin implementing the action plan for systems change after a 6-9 month planning period. Describe how you will move from discussion to action. Describe how you will know the system change was implemented and the impact that

occurred. Describe any challenges you may encounter and how you may overcome them. If you are an existing Innovative Approaches county, describe systems issues from your existing action plan and your planned activities to address these systems changes. Describe systems changes created by your team over the past three years. These should be examples of changes to written policies, practices, or procedures versus a list of events or trainings.

*Note: 40 points. Maximum six (6) pages, single spaced, 1 inch margins and Times Roman 12 font*  
*Score distribution: Excellent 31-40 points, Good 21-30 points, Average 11-20 points, Poor 1-10 points.*

**E. Sustainability:**

Please describe your agency's experience in sustaining community health efforts after grant funds have ended. Please describe any recent sustainable changes in the system of care for CYSHCN, included a discussion of the policies, procedures, or protocols that were changed. Describe sustainability of the project beyond the three-year grant period by identifying potential community resources, in-kind support from other agencies. Describe your agency's capacity and staff development efforts that will support continued system building beyond the grant project.

*Note: 10 points. Maximum two (2) pages, single spaced, 1 inch margins and Times Roman 12 font*  
*Score distribution: Excellent 9-10 points, Good 6-8 points, Average 4-5 points, Poor 1-3 points*

#### **4. Letters of Commitment:**

Submit letters of support/commitment from local partners and stakeholders. Letters of commitment should be from agencies such as the local CCNC Network, Division of Social Services (DSS), Local Management Entity (LME), Critical Access Behavioral Health Agencies (CABHA), Smart Start, Local Education Agency (LEA), health care providers, CYSHCN support and advocacy groups, and families of CYSHCN. Letters of support should describe how the supporting agency will be involved with the LHD in Innovative Approaches and what they will contribute to the effort. Scoring for the quality of your support letters will be considered in sections D and E. Please do not include form letters.

## **5. Documentation of Tax Identification Number**

## **6. Budget:**

Use the template in Appendix I for presenting your year 1 budget and justification. Feel free to expand the one page template to multiple pages to accommodate a more detailed budget justification. The project budget is not part of the application and not included as part of the 15 page limit. Also note that Year 2 and 3 detailed budgets will be developed during your steering committee's work in year 1.

### Appendix I

Category	Line Item	Amount	Detail/Narrative Justification
<b>Human Resources</b>			
	Salary/Wages	\$	<i>Note: Description of FTE(s) duties and % time.</i>
	Fringe Benefits	\$	<i>Note: Calculation of fringe from FTE(s) above</i>
	Other		
<b>Total Human Resources</b>		\$	
<b>Operational Expenses/Capital Outlays</b>			
Supplies and Materials			
	Furniture	\$	
	Other	\$	<i>Note: Office Supplies, postage, etc.</i>
Equipment			
	Communication	\$ -	
	Office	\$ -	
	IT	\$ -	
	Assistive Technology	\$ -	
	Other	\$ -	
Required trainings. For year 1 all projects must budget \$10,000 for anticipated state and national IA required trainings	Provider Staff	\$10,000	
	Board Members Expense	\$ -	
Utilities			
	Gas	\$ -	
	Electric	\$ -	
	Telephone	\$ -	
	Water	\$ -	
	Other	\$ -	
Repair and Maintenance		\$ -	

Staff Development		\$ -	
Media/Communications			
	Promotional Items	\$	
	Publications	\$	
	PSAs and Ads	\$	
	Reprints	\$	
	Text translation	\$	
	Websites and Web Materials	\$	
Rent			
	Office Space	\$	
	Equipment	\$	
	Other	\$	
Professional Services			
	Legal	\$	
	IT	\$	
	Accounting	\$	
	Payroll	\$	
	Security	\$	
Dues and Subscriptions		\$	
Other			
	Audit Services	\$	
	Service Payments	\$	
	Incentives and Participants	\$	<i>Note: Reimbursement of stipends, travel, materials, meeting costs incurred by participating family members.</i>
	Insurance and Bonding	\$	
	Other	\$	
<b>Total Operational Expenses/Capital Outlays</b>		\$	
Subcontracts with other partnering agencies			
<b>Total Budgeted Expenditures</b>		\$	<i>Not to exceed \$125,000</i>

## Appendix II

### The Goals of Innovative Approaches

The intent of IA is to make sustainable systems changes (changes in policies, procedures, and practices) to improve the system of care experienced by families of Children and Youth with Special Health Care Needs (CYSHCN). These improvements are measured by indicators established by the Federal Maternal and Child Health Bureau and are assessed every five years nationally and statewide through the National Survey of Children with Special Health Care Needs. <http://www.childhealthdata.org/learn/NS-CSHCN>

#### **Goal 1 - Families of Children and Youth with Special Health Care Needs will partner in decision making at all levels, and will be satisfied with the services they receive.**

**Actions - Change written policies, procedures, and sustainable practices** to increase the number of families of CYSHCN who feel that:

- 1) providers discuss a range of options for their child's treatment;
- 2) they are encouraged to ask questions or raise concerns;
- 3) it is easy to ask questions or raise concerns; and
- 4) their health care providers consider and respect what treatment choices the parent feels would be best for child.

#### **Goal 2 - All Children and Youth with Special Health Care Needs will receive coordinated ongoing comprehensive care within a medical home.**

**Actions - Change written policies, procedures, and sustainable practices** to increase the number of families of CYSHCN who have:

- 1) usual sources of care when sick and well;
- 2) a personal doctor or nurse;
- 3) no problems getting needed referrals or specialty care; and
- 4) effective care coordination; and adequate time with providers to discuss their child's concerns.

#### **Goal 3 - All children will be screened early and continuously for special health care needs.**

**Actions - Change written policies, procedures, and sustainable practices** to increase the number of CYSHCN who receive:

- 1) annual well-child check-ups; and regular dental visits; and
- 2) developmental screenings, screening for autism, and for psychosocial issues with appropriate referrals.

#### **Goal 4 - Services for Children and Youth with Special Health Care Needs and their families will be organized in ways that families can use them easily.**

**Actions - Change written policies, procedures, and sustainable practices** to increase the number of families of CYSHCN who:

- 1) are eligible for needed services;
- 2) have needed services available in their area;
- 3) have no waiting lists or other problems getting appointments;
- 4) have limited issues related to cost;
- 5) have no trouble getting needed information; and
- 6) have a mechanism to provide feedback as to the ease to which they were able to get services.

**Goal 5 - All Children and Youth with Special Health Care Needs will receive the services necessary to make appropriate transitions.**

**Actions** - Change written policies, procedures, and sustainable practices to increase the number of health care providers of CYSHCN, ages 12-17, who:

- 1) encourage increasing responsibility for self-care, including taking medication, understanding [his/her] diagnosis, or following medical advice; and
- 2) have the opportunity to discuss transition from pediatric to adult health care, including self-management and health insurance coverage.